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UNFPA Response: Implementing the UNAIDS PCB Recommendations

Background

1. One of the recommendations of the UNAIDS Programme Coordinating Board (PCB) discussions on the UNAIDS Five-Year Evaluation findings called for an increased engagement of and linkage between the co-sponsor governing bodies and the UNAIDS PCB, particularly with regard to the implementation of PCB decisions and recommendations. In June 2003, at the joint session of the Executive Boards of UNDP/UNFPA, UNICEF and WFP, several delegations recommended that there should be a standing agenda item for the Executive Boards on the PCB recommendations and decisions. Thus, this item will normally be tabled during the second regular session of the UNDP/UNFPA Executive Board, and on an exceptional basis at the Board's first regular session 2004.

Decisions of the fourteenth PCB meeting: Key elements impacting UNFPA

2. The fourteenth meeting of the UNAIDS PCB was held from 26 to 27 June 2003, in Geneva, Switzerland. Key elements within the PCB decisions, recommendations and conclusions that impact UNFPA include those related to:

- Greater focus at country level
- Scaling up national responses
- Addressing the feminization of the epidemic
- Increasing access to and use of affordable HIV-preventive commodities
- Responding to the southern Africa crisis and working in emergency settings
- Intensified action in Asia and the Pacific region
- Tracking resource flows
- Accessing resources
- Further integration of results-based management framework and performance monitoring.

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UNFPA response: Implementing the PCB recommendations

3. The current recommendations of the PCB echo many of the directions of work already initiated within UNFPA with the guidance of the UNDP/UNFPA Executive Board. The Fund's strategic direction in responding to the HIV/AIDS pandemic is well reflected in two primary planning and results-management documents. The proposed UNFPA multi-year funding framework, 2004-2007 (DP/FPA/2004/4), includes specific indicators on HIV/AIDS at both goal and outcome levels. The proposed intercountry programme, 2004-2007 (DP/FPA/2004/3), includes HIV prevention as a priority area for action focusing on three specific outputs directly linked to the Fund's core areas for HIV prevention: young people, pregnant women, and condom programming. Strategic policy and programmatic frameworks and guidance to strengthen the UNFPA response are provided through the recently established HIV/AIDS Branch in the Fund's Technical Support Division. Mechanisms for broader communication, knowledge sharing and collaboration within UNFPA have been strengthened. The Fund's reconstituted Inter-Divisional Working Group on HIV/AIDS (IDWG) is an example of a mechanism for information and knowledge sharing, policy debate, and fostering close involvement at all levels. The IDWG has been expanded to over 110 members, including 70 staff members from the field to ensure active engagement of country offices.

4. Greater focus at country level. Focusing on country needs and building institutional capacities to meet those needs are recommendations that have emanated from the PCB, based on the findings of the UNAIDS Five-Year Evaluation, as well as from the UNFPA thematic evaluation of the Fund's HIV/AIDS activities. UNFPA has endeavoured to build institutional capacity to more effectively programme HIV prevention at the country level. A training manual consisting of seven distinct substantive modules has been developed and five subregional staff orientation workshops were held during 2002-2003 in Addis Ababa, Ethiopia; Dakar, Senegal; Harare, Zimbabwe; Kathmandu, Nepal; and Mexico City, Mexico. Each UNFPA Country Technical Services Team (CST) has a regional HIV/AIDS adviser. In 2004, a regional adviser will be placed in the Africa region to coordinate United Nations efforts focused on young people in Africa. In addition, there will be two advisers focusing on HIV/AIDS in the workplace as part of the "Caring for Us Initiative" being implemented in partnership with UNICEF. Full- or part-time HIV/AIDS focal points have also been identified in most UNFPA field offices and UNFPA Representatives have been encouraged to serve as chair of the United Nations Theme Group on HIV/AIDS, in addition to participating as active members.

5. In 2004, emphasis will be placed on strengthening implementation and scaling up country responses. A series of policy and programmatic tools and approaches has been developed and tested and will serve as an essential resource to facilitate operationalization of HIV prevention in programme countries. Country-level programming will be guided by regional and subregional frameworks for HIV prevention which are being developed for all geographic regions. In January 2004, Latin America and the Caribbean region will launch their framework.

6. Scaling up national responses. HIV-prevention initiatives are under way in nearly all of the over 140 countries in which UNFPA provides support. The area of young people, where UNFPA is the designated UNAIDS convening agency, provides multiple examples where UNFPA is strengthening the response at all levels. At the global level, UNFPA has mapped available evidence-based quality materials, training resources, and interventions, thus providing an important resource reference as well as identifying technical resource gaps that need to be addressed. Dissemination of this technical reference tool is planned for 2004. Based on a defined set of critical intervention elements, efforts have been

initiated to document the experiences of scaling up HIV-prevention programmes for young people in countries such as Chad, the Dominican Republic, Namibia and Nepal.

7. Several regional initiatives are also supporting scaling-up efforts at country level. In Botswana, Ghana, Uganda and the United Republic of Tanzania, the African Youth Alliance (AYA) is scaling up comprehensive adolescent development programmes, which include behaviour change communication activities and capacity-building of youth groups and national institutions. In the United Republic of Tanzania, for example, AYA has helped the Government's Centre of Infectious Diseases expand its reach twofold within three months, to better meet the needs of adolescents.

8. HIV-prevention efforts in the Arab region, Central America and the Caribbean have been strengthened under the UNFPA/OPEC Fund for International Development initiative to raise awareness among young people and mobile populations in 13 countries. This effort also focuses on building the capacities of non-governmental organizations (NGOs), and strengthening national efforts to detect and prevent HIV in the Arab region.

9. In Eastern Europe and Central Asia, UNFPA has worked actively to build the capacity of national NGOs and governmental organizations to implement, supervise, monitor and evaluate peer education programmes; to build the status and credibility of peer education; and to strengthen sexual and reproductive health education programmes through the concept of life skills education. Together with other members of the Inter-agency Group on Young People's Health Development and Protection in Europe and Central Asia, and through coordinated support to national efforts, UNFPA has promoted a comprehensive and multisectoral response to reduce the vulnerability of young people to HIV/AIDS and empower them to become active partners in the efforts against the epidemic. Results include the training of 241 trainers and over 70,000 young people reached through roll-out national training activities. UNFPA has also facilitated the development of Y-PEER or the Youth Peer Education Electronic Resource (www.youthpeer.org). This networking mechanism is based on electronic communication and includes a web site. It currently links 370 members from 27 countries who are active peer educators and who contribute to and/or benefit from available resource materials and training programmes.

10. In September 2003, UNFPA hosted a group of 30 youth advocates representing 24 countries, brought together as youth partners to define and formalize a global advocacy initiative -- Global Youth Partners -- aimed at preventing HIV infection among young people. In supporting the initiative, UNFPA aims to foster partnership among young people and youth networks to establish a youth-owned, youth-driven and youth-managed advocacy agenda which seeks strengthened commitment for and increased investment in preventing HIV infections among young people. At the same time, the initiative will allow for the greater involvement of young people in HIV-prevention efforts at all levels – globally, regionally, within the countries they represent, and in the communities in which they live.

11. Addressing the feminization of the epidemic. HIV-prevention services for women, specifically pregnant women, are almost non-existent in many countries, thus exacerbating what has come to be known as the "feminization" of the pandemic. UNFPA has strengthened its partnership and collaboration with other gender-focused organizations, such as UNIFEM, to help women meet the challenges of HIV/AIDS.

12. Through a panel discussion during the 2003 General Assembly full-day session on HIV/AIDS, UNFPA and UNIFEM helped raise policy-makers' awareness of the excess burden that women bear in relation to the epidemic.

13. UNFPA has been an active member of the Secretary-General's task force on women, girls and HIV/AIDS in southern Africa, and is involved in the development of the broader women and AIDS initiative. Plans are under way to launch a major publication on women and HIV/AIDS at the next International Conference on HIV/AIDS, to be held in Bangkok, Thailand. Such efforts contribute to advocacy for women-centred responses.

14. As the co-chair of the inter-agency task team on gender and HIV/AIDS, UNFPA is developing a gender and HIV/AIDS resource pack to enable programme managers and policy makers to effectively mainstream the gender dimensions of the epidemic into HIV/AIDS programming. With pregnant women particularly at risk of HIV/AIDS, and given the implications for women themselves and their families, UNFPA conducted training workshops in Cambodia, Ethiopia, Ghana and Malawi to help health providers integrate HIV prevention into their routine antenatal care services.

15. Increasing access to and use of affordable HIV-preventive commodities. In complement to its work in reproductive health commodity security, UNFPA has developed a range of programming tools and approaches to assist clients in the correct and consistent use of condoms and to expand access to voluntary counselling and testing. UNFPA is promoting a people-centred approach to condom programming emphasizing the importance of understanding user needs and perspectives and addressing the needs essential for behaviour change. As the UNAIDS convening agency on condom programming for HIV prevention, UNFPA is working to strengthen and expand the involvement of other agencies in helping to operationalize and resource this proven prevention method.

16. Responding to the southern Africa crisis and working in emergency settings. UNFPA is actively supporting general reproductive health services and HIV prevention, and has also been an active advocate for including HIV considerations in humanitarian response design. The Fund stresses the link between HIV/AIDS, food insecurity and governance. UNFPA has provided a full-time staff member to ensure its active participation and input into the Regional Inter-Agency Coordination and Support Office (RIACSO) in Johannesburg, South Africa (set up by OCHA and coordinated by WFP). UNFPA is supporting a four-country initiative in Lesotho, Malawi, Swaziland, and Zambia. Part of the Fund's related work in this subregion is the pursuit of regional and multisectoral strategies to protect maternal health.

17. As a member of the Inter-Agency Standing Committee Task Force on HIV/AIDS in Emergency Settings, UNFPA has collaborated in the development and field-testing of the guidelines for HIV/AIDS prevention in emergency settings.

18. Intensified action in Asia and the Pacific region. UNFPA is increasing its efforts in Asia and the Pacific region, including encouraging staff to serve as the chair of the United Nations Theme Group on HIV/AIDS. In a number of countries, such as Afghanistan and Nepal, UNFPA has supported the process of developing national HIV/AIDS strategies. Public awareness is being increased in several countries in the region, including China and India.

19. The European Commission/UNFPA Initiative for Reproductive Health in Asia has worked with 19 European NGOs and more than 60 local partners to improve reproductive and sexual health in Bangladesh, Cambodia, the Lao People's Democratic Republic, Pakistan, Nepal, Sri Lanka and Viet Nam. HIV prevention is a priority for all these Asian countries.

20. Tracking resource flows. UNFPA spearheads the efforts in tracking of resource flows for HIV/AIDS activities, in collaboration with the Netherlands Interdisciplinary Demographic Institute and the UNAIDS secretariat. Data collection activities have expanded to include domestic resource flows for HIV/AIDS, as well as joint country case studies to provide more detailed information on how resource flows are directed towards HIV/AIDS activities and how the Declaration of Commitment on HIV/AIDS is being implemented.

21. In close collaboration with UNAIDS, UNFPA plans to broaden the resource flows project objectives in the new project cycle, 2004–2007, to go beyond measuring commitment to International Conference on Population and Development and HIV/AIDS goals. There will be new areas of focus, for example, equity considerations, including impact assessments, and capacity-building to use resource flows data in policy dialogue and country programming processes, including for poverty reduction strategies.

22. Accessing resources. UNFPA continues to support programme countries in accessing funds from such sources as the World Bank's multicountry AIDS programme and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Field staff in many countries have been proactive in providing technical support to facilitate country applications for funds. In some countries, for example, Honduras, UNFPA has participated in the country coordinating mechanism to prepare proposals for the Global Fund.

23. Further integration of results-based management framework and performance monitoring. UNFPA is committed to results-based management and seeks to strengthen its results-based orientation in a number of ways, including through the development and implementation of the Fund's multi-year funding framework and the intercountry programme. UNFPA has also been active in framing the performance monitoring of the upcoming UNAIDS Unified Budget and Workplan cycle and in contributing to the review of the United Nations Strategic Plan 2001–2005. In 2004, UNFPA will launch the Enterprise Resource Planning (ERP) system, which should further strengthen monitoring of the organization's action in HIV-prevention and related activities.

Recommendation

24. The Executive Board may wish to take note of the present report (DP/FPA/2004/5).